



♥ Talk to your family about your organ donor decision.

STATE OF NEW HAMPSHIRE
DIVISION OF MOTOR VEHICLES
APPLICATION FOR A COMMERCIAL DRIVER'S LICENSE

(PRINT CAREFULLY)

☐ ORIGINAL ☐ RENEWAL ☐ DUPLICATE ☐ REPLACEMENT

Reason: _____

Are you a United States Citizen? ☐ Yes ☐ No

NAME _____
FIRST MIDDLE LAST

MAILING ADDRESS _____ PERMANENT ADDRESS _____

TOWN/CITY STATE ZIP TOWN/CITY STATE ZIP

S.S. # * - - DATE OF BIRTH / / SEX
MONTH DAY YEAR

HEIGHT WEIGHT EYES HAIR

PLEASE CHECK HERE ♥ IF YOU WISH TO BE AN ORGAN DONOR

- | | |
|---|---------|
| <input type="checkbox"/> A - Combination of Vehicles | \$60.00 |
| <input type="checkbox"/> B - Single Vehicles weighing 26,001 lbs. or more | \$60.00 |
| <input type="checkbox"/> C - Single Vehicles weighing 26,000 lbs. or less, or a bus designed to transport 16 or more occupants or hazardous materials | \$60.00 |
| <input type="checkbox"/> H - Hazardous Materials | \$10.00 |
| <input type="checkbox"/> N - Tank Vehicles | \$10.00 |
| <input type="checkbox"/> P - Passenger Vehicles (16 or more occupants) | \$10.00 |
| <input type="checkbox"/> T - Double / Triple Vehicles | \$10.00 |
| <input type="checkbox"/> M - If you hold a current OUT-OF STATE license that includes a motorcycle endorsement and wish to retain this privilege | \$90.00 |
| <input type="checkbox"/> M - If you hold a current NEW HAMPSHIRE license that includes a motorcycle or motor driven cycle endorsement and wish to retain this privilege | \$ 5.00 |

Is the vehicle you currently operate or intend to operate equipped with air brakes? Yes ☐ No ☐

DMV USE ONLY:

PAYMENT METHOD: CASH ☐ CHECK ☐ CREDIT CARD ☐

APPLICANT: COMPLETE THE REVERSE SIDE ALSO.

DSMV 312 (Rev.08/02)

CERTIFICATIONS

Are you a resident of the state of New Hampshire? (As a resident you may be liable for the Interest and Dividends Tax (RSA 77). Contact Dept. of Rev. Adm., 61 South Spring Street, Concord, 03301 (603) 271-2191).

Yes ☐ No ☐

Have you paid all New Hampshire Resident Taxes for which you are liable?

Yes ☐ No ☐

Do you have any physical or mental handicaps which are detrimental or would incapacitate you from holding a license?

Yes ☐ No ☐

Is your license and / or operating privileges to drive a motor vehicle or commercial motor vehicle under default, suspension or revocation, in this or any other state or country?

Yes ☐ No ☐

Have you been disqualified from operating **any** motor vehicle within the past two (2) years?

Yes ☐ No ☐

Are you required to file proof of insurance by any state/country as a result of a default, suspension, revocation or motor vehicle accident?

Yes ☐ No ☐

Do you meet the Federal Driver qualifications and requirements for interstate commerce (Federal Motor Carrier Safety Regulations, Part 391)?

Yes ☐ No ☐

During the two (2) years immediately prior to this application, have you at anytime held a valid commercial driver license **OTHER** than the one issued by the state of Primary Residence?

Yes ☐ No ☐

In the past two (2) years, were you involved in a motor vehicle accident which resulted in your violation of

Yes ☐ No ☐

I am 18 years old and consent to registration with the Selective Service System, as required by Federal Law.

Yes ☐ No ☐

1. My most recent license is/ was a Commercial Driver License

Yes ☐ No ☐

2. Class of License: _____

3. Date of Expiration: _____

Month Day Year

4. Name appearing on License: _____

5. License / Identification Number: _____

6. State or Country of Issue: _____

7. List Restrictions appearing thereon: _____

8. List all Endorsements appearing thereon: _____

SIGNATURE _____

DATE _____

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.